## Congress of the United States Washington, DC 20515

June 29, 2022

The Honorable Chiquita Brooks-LaSure Administrator Centers for Medicare & Medicaid Services 7500 Security Blvd. Baltimore, MD 21244

## Dear Administrator Brooks-LaSure:

As a growing body of evidence demonstrates oral health's connection to overall wellness, we write to urge you to use existing regulatory authority to improve Medicare coverage of medically necessary oral and dental treatment.

It is estimated that two-thirds of Medicare beneficiaries have periodontal disease, yet nearly half of beneficiaries do not have dental coverage, and those who do must pay additional premiums and copayments for what is often highly restrictive coverage. Lack of insurance coverage has resulted in Medicare beneficiaries neglecting their oral health. Nearly half of beneficiaries have not seen a dentist in the past year, with much higher rates among communities of color (68% of African Americans and 61% of Hispanics) and low-income beneficiaries (73%). One in five beneficiaries who have used dental services spent more than \$1,000 out-of-pocket for care.

Lack of access to medically necessary dental treatment can worsen other health conditions, thereby increasing Medicare's costs for treating their illnesses. Periodontal disease has been linked to other health conditions, including diabetes, stroke, heart disease, kidney disease, and cancer.<sup>3</sup> Nearly twenty percent of seniors have lost all their teeth and 68 percent have gum disease, resulting in seniors eating unhealthy foods that are easier to chew, but lead to elevated blood sugar and uncontrolled diabetes.<sup>4</sup> Gum disease is also linked to poor cognitive function, increasing the risk of developing dementia and Alzheimer's.<sup>5</sup> More than 90 percent of all systemic diseases have oral manifestations, such as swollen gums, mouth ulcers, and more.<sup>6</sup>

Providing medically necessary oral and dental treatment has the potential to reduce costs and improve patient outcomes. By providing coverage for the treatment of periodontal disease for individuals with heart disease, stroke, and diabetes, one Avalere study estimates Medicare could save \$63.5 billion over ten years.<sup>7</sup>

<sup>&</sup>lt;sup>1</sup> https://www.kff.org/medicare/issue-brief/medicare-and-dental-coverage-a-closer-look/

<sup>&</sup>lt;sup>2</sup> https://www.kff.org/medicare/issue-brief/medicare-and-dental-coverage-a-closer-look/

https://www.healthaffairs.org/do/10.1377/forefront.20190227.354079/full/

<sup>4</sup> https://www.healthaffairs.org/do/10.1377/forefront.20190227.354079/full/

<sup>&</sup>lt;sup>5</sup> https://pubmed.ncbi.nlm.nih.gov/27685603/

<sup>&</sup>lt;sup>6</sup> https://www.deltadentalins.com/oral\_health/dentalhealth.html

Section 1862(a)(12) of the Social Security Act excludes Medicare coverage of routine dental services; however, that provision permits coverage when treatment is *medically necessary*. Senate Report No. 89-404 (1965) expressly provides that payment can be made when there is appropriate medical justification, such as when the item or service is necessary for the diagnosis or treatment of a Medicare-covered disease, illness, or injury.

Currently, the Centers for Medicare and Medicaid Services (CMS) interprets this provision to provide coverage for "dental services that are an integral part either of a covered procedure (e.g., reconstruction of the jaw following accidental injury), or for extractions done in preparation for radiation treatment for neoplastic diseases involving the jaw. Medicare will also make payment for oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement, under certain circumstances."

CMS should improve its coverage of dental services to encompass all medically necessary situations. Below are a few representative examples that illustrate the clinical and fiscal utility of such coverage:

- Emergency department visits and hospitalizations for medical problems in which oral/dental bacteria are an underlying cause, such as an infected cardiac or orthopedic prosthesis.
- Parkinson's Disease, in which dentally sourced bacteria can contribute to aspiration pneumonia, and/or infection of medical devices, such as deep brain neurostimulators and artificial knees and hips.
- Bacterial endocarditis and worsened stroke outcomes due to an increased inflammatory burden caused by unresolved dental infections.
- Multiple sclerosis, in which oral/dental bacteria can cause serious infection for patients taking pharmaceuticals that suppress the immune system, such disease-modifying therapeutic drugs.
- Delay or interruption of treatment for various gastrointestinal diseases, including certain liver and inflammatory bowel diseases (IBD) due to untreated oral/dental disease.
- Rheumatologic disease, for which patients must often take medication that suppress their immune systems, thereby making them more susceptible to infection from untreated oral/dental disease.
- Diabetes management compromised by periodontal infections, which increases the risk of kidney disease and failure, vascular dementia, visual degradation, podiatric complications, cardiac disease and stroke.
- Arthroplasty of the hip and knee, which cannot safely proceed without prior resolution of oral/dental disease because of the risk of post-operative infection.
- Cancer treatment, in which leukopenia from chemotherapy increases the risk of dentally sourced bacteria causing sepsis or other serious complications.
- Organ transplantation, for which dental infections risk serious complications because patients are pharmacologically immunosuppressed to prevent rejection.

<sup>&</sup>lt;sup>7</sup>https://oralhealth.hsdm.harvard.edu/files/oralhealth/files/ avalere health estimated impact of medicare periodontal coverage.pdf

<sup>8</sup> https://www.cms.gov/Medicare/Coverage/MedicareDentalCoverage

- Metastatic lung, breast, prostate and colon cancers, multiple myeloma, and hypercalcemia, which often involve bisphosphonate drugs, for which dental health is advised to prevent osteonecrosis of the jaw.
- Implanted heart valves, arterial stents, and stent grafts, which are at risk of infection and costly complications due to bacteria sourced from dental infections.

To improve patient outcomes, promote greater health equity, and reduce Medicare spending, we urge CMS to use existing regulatory authority to improve coverage of medically necessary oral and dental care.

Sincerely,

Lloyd Doggett

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Member of Congress

Mark Takano

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Terri A. Sewell

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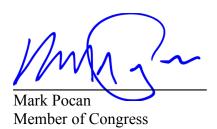
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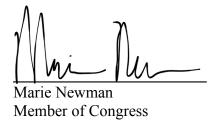
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